Approved for use through 06/30/2010. OMB 0551-0032

Under the Paperw	rk Reduction Act of 15	195 no persons are re	quired to	respond to a collection	on of inform	ation unless it displa	rys a valid OMB control number
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
				Application Nu	mber	10/591,950	Conf. No.: 6810
ree	TRAN		4L	Filing Date	ı	March 07, 2007	
For FY 2009				First Named Inventor F		Fumie SATO	
				Examiner Name A.		A. K. BOHATY	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1794		794	
TOTAL AMOUNT OF PAYMENT (\$) 1,330.00				Attorney Docket No. 0171		171-1307PUS1	
METHOD OF P	AYMENT (check	all that apply)		***************************************			
Check Credit Card Money Order None Other (please identify);							
✓ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Under 37 CFR 1.16 and 1.17 VARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
VARNING: Informat Information and auti	on on this form may portation on PTO-20:	become public. Crec 38.	lit card in	formation should n	ot be incli	ided on this form. I	Provide credit card
FEE CALCULA	TION					***************************************	
. BASIC FILIN	S, SEARCH, AND	EXAMINATION	FEES				
	FILING	FEES	SEA	RCH FEES	EXAM	INATION FEES	
Application To	pe Fee (5)	Small Entity Fee (\$)	Fee (Small Entity E) Fee (\$)	Fee (Small Entity \$) Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	0.00
Design	220	110	100	50	140	70	0.00
Plant	220	110	330	165	170	85	0.00
Reissue	330	165	540	270	650	325	0.00
Provisional	220	110	0	0	0	0	0.00
2. EXCESS CLAIM FEES Small Entity							
Fee Description							Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							26 110
							195
Total Claims	Extra Cla	ims Fee (\$)	Fe	e Paid (\$)			ependent Claims
	or HP = 0	x 52.00	_=	0.00		Fee (\$)	Fee Paid (\$)
HP = highest numl Indep, Claims	er of total claims paid Extra Cla			Paid (\$)		0.00	0.00
43 a	rHP = 1	x 220.00	=	220.00			
	er of independent clair	ns paid for, if greater t	han 3.				
. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)							
Total Sheets	Extra She	/50 =		(round up to a			(\$) <u>Fee Paid (\$)</u> = 0.00
OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); Extension of Time Fee (3-months) 1,110.00							
Other (e.g., late filing surcharge): Extension of Time Fee (3-months) 1,110.00							
BMITTED BY				•	************	***************************************	
nature Registration No. 42874 Telephone 703-205-8000							ne 703-205-8000

Name (Print/Type) Craig A, McRobbie Date

su

Signature